

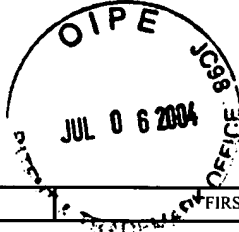
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21839 7590 04/06/2004

BURNS DOANE SWECKER & MATHIS L L P  
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ALEXANDRIA, VA 22313-1404

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/031,403	07/24/2002	Bruno Mehul	016800-473	2080

TITLE OF INVENTION: ISOLATED PEPTIDE OF THE HORNY LAYER AND USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WAX, ROBERT A	1653	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BURNS, DOANE, SWECKER  
& MATHIS, L.L.P.2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

L'OREAL

75008 PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 5

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Norman H. Stepp (Date) 07-06-04

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07/08/2004 BSAYAS12 00000089 10031403

01 FC:1501  
02 FC:80011330.00 OP  
15.00 OP

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